

“The Bum Bundle” Skin Breakdown Prevention and Protection.

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“The Bum Bundle” Skin Breakdown Prevention and Protection

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Background

- Development of pressure ulcers and other skin events on medical surgical units can cause significant health issues for at risk patients [4].
- When inconsistent care regarding skin breakdown prevention is performed, at risk patients may have a delay in their care.
 - In a pre-survey distributed to 27 RNs, 66.6% report being consistent with turning and repositioning patients “most of the time.”
 - When asked what prevented being able to turn patients consistently, 88.9% reported patient load was too much and staffing issues.
 - At this time, subjective comments consisted of “more staff is needed.”

Unit Based Skin Breakdown Events Prior to Project Implementation		
UNIT	MAY	JUNE
4K	0	0
5K	1 - Stage 2	1 - Stage 2
7B	1 - Stage 3 (progression of existing ulcer)	0

PICO

On adult medical-surgical units (4K, 5K and 7B), does the implementation of a “Bum Bundle” for patients with Braden scores less than 15 decrease the occurrence of skin events?

P: Medical-surgical adult patients on units 4K, 5K and 7B with Braden ≤ 15

- **Braden score:** used to predict pressure ulcer risk based on sensory perception, moisture, activity, mobility, nutrition and friction and shear

I: “Bum Bundle”

- Turning tool
- Specialty bed
- Sling
- Chair cushion
- Wedges/Prevalon boots
- Skin care products
- Care plan

C: Inconsistent care regarding skin breakdown prevention practices

O: Decreased occurrence of skin events

Evidence

- Skin breakdown prevention bundles have decreased occurrence or progression of skin events. Educating patients and staff encourages use of skin breakdown prevention practices [4].
- Consistency of turning is necessary for the prevention and healing of skin breakdown. The majority of pressure ulcers appear to be preventable with an aggressive intervention aimed at pressure ulcer prevention [5].
 - A Pressure Ulcer Prevention Bundle with use of “turn” clocks as visual reminder and compliance monitoring program decreased prevalence and incidence rates of pressure ulcer development [1].
- Nurses have positive attitude towards turning, but attitude has no direct correlation to consistency of turning [2].
- Leaving repositioning slings underneath patients as part of bed linens has no detrimental effects to the patient’s skin health [3].

Methods

- Gather unit data on skin breakdown events on each unit
- Evaluate current knowledge and educate nurses’ and technical partners’ on skin prevention methods using pre-survey
- Educate nurses and technical partners on how to implement the “Bum Bundle” into clinical practice by discussion, examples, and informative posters.
- Evaluate consistency of “Bum Bundle” by analyzing the turning tool with “secret shopping” done by assessing patient’s in other sections
- Post survey evaluation on nurses’ opinion of effectiveness, optimization of workflow, and consistency using the tool.
- Evaluate unit statistics of skin events during implementation.

Q2HR TURNING TOOL
Room #: _____

TIME	POSITION	HEELS ELEVATED	SKIN INTACT	INITIALS
0000		YES / NO	YES / NO	
0100		YES / NO	YES / NO	
0200		YES / NO	YES / NO	
0300		YES / NO	YES / NO	
0400		YES / NO	YES / NO	
0500		YES / NO	YES / NO	
0600		YES / NO	YES / NO	
0700		YES / NO	YES / NO	
0800		YES / NO	YES / NO	
0900		YES / NO	YES / NO	
1000		YES / NO	YES / NO	
1100		YES / NO	YES / NO	
1200		YES / NO	YES / NO	
1300		YES / NO	YES / NO	
1400		YES / NO	YES / NO	
1500		YES / NO	YES / NO	
1600		YES / NO	YES / NO	
1700		YES / NO	YES / NO	
1800		YES / NO	YES / NO	
1900		YES / NO	YES / NO	
2000		YES / NO	YES / NO	
2100		YES / NO	YES / NO	
2200		YES / NO	YES / NO	
2300		YES / NO	YES / NO	

POSITION
B - Back
R - Right
L - Left
C - Chair

Results

- After education was provided on how to implement our “Bum Bundle,” subjective comments were received. “We should have a caddy or spots in the room with skin care supplies (dry wipes, foams creams, etc.) which are more often than not missing from the room.” This provides information that our “Bum Bundle” was not always included in patient care.
- According to our post survey, 100% of staff is aware that patients with Braden of ≤ 15 are suppose to be turned Q2hrs.
 - Upon secret shopping on all 3 units during the implementation phase this was occurring 75% of the time.
 - Subjective response included: “Patients need to be turned on all shifts Q2hrs, and possibly establish a turning team for each shift.”
- With response from 24 RNs in our post survey, 33.3% found the use of the turning tool to be effective. Although, during the month of July (our implementation phase) there were 0 skin events.

Conclusions

- The use of a structured skin prevention bundle proves to be useful being that there were 0 skin events during our implementation phase on each unit.
- The use of a turning tool would be more effective if it was “more resourceful” per one colleague’s statement.
- Suggested next steps would be:
 - Coordinate with unit based clinical practice and quality councils
 - Suggest a laminated turning tool to be used for more than 1 patient and continued on each shift. Possibly a “clock” turning tool to follow the q2hr method
 - Possibly establish a turning team for each shift.
 - Trials with a longer time frame

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